

Active Lives Care Ltd

# Cumnor Hill House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We inspected this service on 23 May 2018. Cumnor Hill House is 72 bedded 'care home' registered for older people, some of whom may be living with dementia. People in care homes receive accommodation and 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 comprises of three floors, each of which have separate adapted facilities. On the day of our inspection there were 42 people living at the service.

At our last inspection on 18 April 2017 we identified concerns about medicine management and we found the provider's quality assurance systems for monitoring and improving the service were not always effective. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the provider to submit an action plan telling us how they were going to address these concerns. We received the action plan within the timescales given that showed the improvements had been achieved and how these were going to be sustained.

At this inspection we found the provider addressed the above concerns and the service improved to Good in Safe and Effective domains. There was overwhelming evidence available that demonstrated further improvements to Outstanding in Caring and Responsive domains. The significant improvements of people's experiences were achieved because of excellent leadership provided by the provider and service's management. We therefore also rated the Well-led domain as Outstanding and the service was rated Outstanding overall.

The service was now very well-led. There was a registered manager running the service who started working at Cumnor Hill House a week after our last inspection in April 2017. 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.

Cumnor Hill House had a clear management and staffing structure in place. There were various departments such as care staff, nursing staff and ancillary staff and worked well as a wider team. The staff aimed to provide a high quality of service and they had a sense of pride working at the service. The provider's quality assurance systems were effective and there was evidence available where an area for improvement had been identified, a prompt action was taken to address it. The registered manager monitored service delivery on ongoing basis and effectively used feedback from people, relatives and staff to improve the systems, practices and people's experiences.

We found the service was exceptionally responsive to people's needs. There was a positive culture that reflected people were put first. Staff told us they would do anything for the people living there, and not because they had to but because they wanted to. The team at Cumnor Hill House had a clear vision about how they wished to improve people's lives and well-being. Staff talked about recognising people's individual

wishes how they want to live their lives and enabled people to live their lives to the full. People's, relatives, and external professionals' feedback reflected this approach was successfully demonstrated. The team ensured people had exceptional opportunities to enhance their social inclusion and they were supported to participate in activities that met their needs and took account of their preferences. We identified that the provision of activities enhanced people's well-being and gave them a sense of purpose.

People's care plans were up to date, current and gave clear guidance to staff on how people wished to be supported. Staff knew people's needs well and they used this knowledge to provide people with personalised support that put their well-being first.

People knew how to complain and evidence showed the complaints and concerns were managed appropriately. The registered manager demonstrated an innovative and proactive approach to the management of complaints and they demonstrated they successfully had made improvements to the service as a result of this.

People were supported to have a comfortable, dignified and pain free end of life. People's relatives and professionals were equally extremely positive about end of life support provided to people and emotional support provided to families during that difficult time. The registered manager ensured emotional support was also provided to the team and held reflective meetings that staff were very complimentary about.

There was an exceptionally strong ethos within the service of treating people with dignity and respect. People, and meeting people's needs were at the forefront of the service delivery. The team was very caring and we found people's individual wishes and preferences including equality and diversity needs were considered and respected. People's confidentiality was maintained and the registered manager explored innovative approaches to ensure where the information needed to be shared this was done in a secure and safe way.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights to make own decisions were respected and we found the records surrounding people's capacity improved and were in line with the Act.

People were supported by trained and competent staff to take their medicines safely and as prescribed. People were supported to meet their health needs. The team worked closely with external health and social care professionals where needed. People were supported to maintain a good nutrition and were offered suitable diet that met their needs and likes.

People told us they were safe living at the service. Staff knew how to report and escalate safeguarding concerns. People's care files contained risk assessments surrounding people's well-being and any individual health conditions. Where people had been identified as at risk, management plans guided staff on how to keep the person safe respecting people's rights to positive risk taking. People were supported by sufficient number of suitable skilled staff and received support in an unhurried way. Staff received good support and complimented the provision of training.

## 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 improved to Good.

Medicines were managed well and administered to people safely.

There were sufficient staff to keep people safe.

Risks to people's health and well-being were assessed, recorded and management plan were in place how to keep people safe.

Staff knew how to raise concerns if they suspected safeguarding concerns.

### Is the service effective?

Good ●

The service improved to Good.

The team worked in line with the Mental Capacity Act to ensure people's right to make own decisions were respected and records of processes to assess people's capacity to make specific decisions were in place.

Staff training enabled staff to perform well in their roles and staff were well supported.

There were systems in place to support people to have their dietary and healthcare needs met.

### Is the service caring?

Outstanding ☆

The service improved to Outstanding.

People complimented the staff and told us staff were exceptionally caring and kind.

People were supported by committed staff that wanted to achieve positive outcomes for people and provide high quality support.

The service was extremely respectful and people's privacy and dignity were always respected.

People's confidentiality was respected and their independence was promoted.

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

The service improved to Outstanding.

People had exceptional opportunities to enhance their social inclusion. The activities provision took account of people's individual preferences effectively enhanced people's well-being and sense of purpose.

People's care plans contained details of people's needs, wishes and preferences and people told us they received support that met their choices and preferences.

People knew how to raise concerns. The management saw concerns as a part of driving improvements and they valued and acted on feedback received.

The staff worked effectively with professionals to ensure people were supported to have a dignified and pain free death.

**Outstanding** 

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

The service improved to Outstanding.

There were very effective systems for monitoring and assessing the quality of service in place.

There was a positive approach, a transparent and open culture demonstrated by the entire team at the service.

People, relatives and staff were fully involved, listened to and their voice was used to improve the service delivery.

The staff worked well with external professionals that were exceptionally complimentary about the service.

**Outstanding** 

# Cumnor Hill House

## 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 and to look at the overall quality of the service.

This inspection took place on 23 May 2018 and was unannounced. The inspection team consisted of three inspectors and two Experts 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 we reviewed the information we held about the service and the service provider. The registered 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 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.

Throughout our inspection we spent time observing care at the service and we spoke with 17 people and eight relatives. We also talked with one visiting health professional. We also spoke with the registered manager, one nurse, one senior care assistant, three care assistants, the maintenance man, the activities coordinator, the hairdresser and the head chef.

We looked at records, which included seven people's care records and medication administration records (MAR). We checked recruitment, training and supervision records for five staff. We also looked at a range of records about how the service was managed. After our site visit we contacted number of external health and social care professionals and commissioners to obtain their views about the service.

## Is the service safe?

### Our findings

At our last inspection in April 2017 we found medicines were not always managed safely and people did not always receive their medicines as prescribed. These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We asked the provider to submit us an action plan stating how they were going to address these issues. We received the action plan promptly that showed the improvements had been made and how were going to be sustained.

On this inspection, in May 2018 we found people received their medicines safely, as prescribed and medicine records were completed accurately. Medicines were stored securely and as per manufacturers' guidance, including medicines requiring cold storage. Where people had been prescribed 'as required' (PRN) medicines individual protocols were in place to direct staff. We observed staff administering the medicines and we saw staff followed good practice in relation to storing, recording and administering people's medicine. The staff member ensured they had people's consent for their medicines to be given. The staff member asked, "Can I give you your medicine now" or "Are you ready for your medicines now" before preparing and administering medicine to people. The staff honoured every person who asked for the medicines to be given at later stage. One person said, "I take pills, eight all together, they put them out for me I take them, I like to be careful, I am an ex-nurse and I was always told to check and check again before taking them".

People were safe at the service. The provider had safeguarding policies in place and staff were aware how to raise safeguarding concerns. One staff member said, "I'd report to the nurse, if no action then to the manager. Then I can go to the Local Authority, or CQC (Care Quality Commission) or the police. I've had to do that in a different care home. I would do it if I had to". Local Authority's safeguarding reporting procedures were available to staff. The registered manager proactively reported safeguarding concerns and they investigated any concerns promptly. People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

People told us that they felt safe. One person said, "I am glad to be here, I am very happy and content". One person's relative said, "I feel my mother will be very safe here. I feel very confident in the staff and management. I didn't feel like this in other homes I've visited. Here's a happy, caring atmosphere".

There were enough staff to keep people safe. On the day of our inspection we observed people were assisted promptly and without a delay. People told us there was enough staff. One person said, "I never need to ring a bell, they're always here". Two other people when asked if staff were available when they need them said, "All the time". Staff also told us there was enough staff. One staff member said, "Staffing levels are generally good". Another one added, "There's plenty of staff, you can do your job properly".

Risks to people's personal safety and well-being had been assessed and staff were aware of these. People's care files contained plans on how to manage risks surrounding mobility, skin integrity, falls, nutrition and other individual conditions. For example, one person was living with diabetes. Their care plan contained a diabetes protocol that gave clear guidance when to test the person's blood, what to do if the result was too

low or too high and what action to take if either particularly low or high on consecutive tests, such as contacting the Community Diabetes Team. The records showed this guidance had been followed by the staff.

People were protected from risk of infections and staff had been trained and followed good hygiene practice. We saw staff used protective equipment where required. People were protected from risks surrounding environment. There was evidence that the following took place: weekly fire checks, monthly fire drills, room checks looking at door closures, windows, heating, electrical safety, water temperatures and equipment (hoists, wheelchairs) tests. There was also a current water safety risk assessment and a gas safety certificate.

The provider had systems to record accidents and appropriate action had been taken where necessary. For example, where people had fallen their mobility risk assessments were reviewed and the team liaised with the relevant health professionals.

The registered manager ensured near misses were used as a learning opportunity and to review and improve the service. For example, they identified fencing in the garden could pose a risk to the safety of one physically active person who enjoyed visiting this part of the garden to pick leaves. The management arranged for a contractor to address the concern so the potential risk was minimised. Feedback from staff reflected it was a team effort to make sure people were safe and any potential risks were reported and acted on. One staff member said, "If we see a risk we tell, and they [management] will put a solution in place, we do everything so that the residents feel safe".

## Is the service effective?

### Our findings

At our last inspection in April 2017 we found people's care records did not always reflect the principles of the Mental Capacity Act 2005 (MCA). We made a recommendation the provider referred to the codes of practice relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

At this inspection we found these concerns had been addressed by the management. The registered manager audited all people's documentation and ensured people's capacity to make specific decisions was assessed and recorded. We saw examples where people had been assessed as having and not having capacity. For example, one person's assessment clearly showed they made the decision not to have the bed rails. Another person's assessment showed they had been assessed as unable to make the decision to live at the service and that their placement was in their best interest.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager ensured applications to the local authority when people were assessed as being deprived of their liberty had been appropriately submitted.

People told us their rights to make their own decisions were respected. One person said, "Yes, they [staff] don't push me to do what I don't want to". People's relatives we spoke with all felt the staff kept them appropriately involved in the decisions about people's care. One relative said, "[Person] was tired by lunchtime and not eating [well] so staff are leaving them in bed longer in the morning and [person] is not so tired and eating better". This meant the staff respected person's wishes and provided effective support that met this person's needs.

Staff were aware of MCA and they used the principles of the Act in their day to day work. One staff member told us, "It is the law, to empower and protect people who may lack capacity. If a person has capacity then they have all rights to make decisions for themselves, even if not wise - not what we would do".

People were assessed prior to admission to the service to ensure staff were able to meet their needs. The assessment included areas such mobility, communication needs, eating, drinking and emotional needs.

People were supported by skilled and knowledgeable staff. Staff told us and the records confirmed staff received training relevant to their roles. Training provided reflected the standards of Care Certificates. The Care Certificate is a nationally recognised set of training modules that all social care workers need to adhere

to in their work. Nursing staff received additional training relating to clinical aspects of their roles. The registered manager proactively sourced additional courses such as oral hygiene. Staff complimented the training and support received. Comments included, "Induction covered everything. I was shown the different departments; kitchen, laundry etc., so we understand the routines and roles" and "I worked alongside the clinical manager for two weeks".

People were supported to meet their nutritional needs and complimented the food provided. One person said, "The food here is marvellous, a huge number of options and relatives can join us for lunch at any time". Another person said, "I think if I asked for something different they would cook it for me although I enjoy what they provide". They added they also had wine with their meals if wished so.

We observed the lunchtime meal service and it was a very relaxed experience. There was appropriate, quiet background music, people were offered a choice of drinks including wine. Plated menu choices were shown to people for both the main course and puddings to make their own choice. Food was presented attractively with appropriate portions and seconds were offered. The staff were attentive, helpful and unobtrusive, they provided assistance to people where and when it was needed. People that chose to eat in their bedrooms, had over-bed tables, large cloth napkins and had been offered assistance as required.

People were supported to access health professionals when needed. The team worked closely with the Care Home Support Service (CHSS), Speech and Language Therapist (SALT), Tissue Viability Team, occupational therapists and physiotherapists. One person said, "If you need to go to Hospital, even in the middle of the night, if needs be, you are fully supported and provided for". One relative told us, "[Person] receives help from a Speech and Language Therapist". People we spoke with praised the visiting doctor and one person added, "They [the staff] keep me healthy so I don't need a doctor".

External professionals were very complimentary about the service. One professional said, "The care home [staff] do appear to ensure residents have access to services, such as podiatry and ensure transport is arranged for them. The care home liaises with the GP regularly regarding the needs of the residents and refer residents appropriately to the district nurses". Another professional said, "In my experience when someone needs to attend a hospital appointment they are supportive and collaborative. When they needed support, they were open and honest about this and did not delay".

People benefitted from a well-maintained, purpose build environment and could personalise their rooms. Some people also purchased their own reclining chairs and these have been placed in shared areas as requested by people. The building has won Care Home Awards last year in the category of "Best for Architecture or Interior Design". There was an enclosed garden area accessible to people and number of different communal areas available so people could spend time socially or quietly. This included bar bistro lounge, dining rooms, cinema room, a choice of quiet areas situated at the end of the corridors and a library. Staff appreciated the impressive environment. One staff member said, "The environment is very nice, you feel well in it. I love that the people I care for can live in a place like this".

## Is the service caring?

### Our findings

The service was very caring and the inspection team were welcomed in a very friendly manner. Throughout the day there was a positive and warm atmosphere at the service and we observed plenty of meaningful, positive banter between people and staff. The caring approach was demonstrated throughout the day by all staff, management, nurses and ancillary staff. Staff commented they were 'like a family'. They also told us they wanted to deliver good care and achieve good outcomes for people. All the staff we spoke with demonstrated a real sense of belonging and a pride of working at the service. One staff member said, "I take pride [in my job], I want everything to be perfect". Another staff member said, "I am proud of the home, it is my second family. I find it lovely, I left another care home that I couldn't work at, but came here, it is different". The registered manager told us, "One of the first people here was the director's mother. She influenced a number of things here". This was reflected in the provider's ethos that were all about the positive, caring, family-like relationships. The registered manager said they worked hard to establish an open and transparent communication with people and families. They said, "I want families to tell me about anything". This helped with building positive, open and honest rapport based on trust with people's families, friends and visitors.

People were extremely complimentary about staff and how staff met people's needs whilst respecting their individual choices, values and diverse needs. Comments from people included, "The carers will put their heart and soul into it", "I wouldn't change a thing here", "The whole atmosphere here is wonderful", "Everyone is so helpful and they would do anything that you want", "The staff are exceptional and friendly" and "They could not do better, one carer is really lovely, they are all lovely".

People were respected, valued and treated as individuals. Staff demonstrated they had a real empathy for people and they ensured people's emotional needs were met. Staff used their knowledge of people, their needs and life histories to deliver support that put people's emotional well-being as a main priority. For example, one person told us how they were accompanied by staff from Cumnor Hill House to shopping centre to do some of their Christmas shopping so they could give presents to their family. We saw the photos of the person on the shopping trip smiling broadly. Another person told us how the staff assisted them with preparation so they were able to attend a family wedding. The event was a surprise and the staff told us a number of the staff came in especially on their usual day off so the person was fully 'pampered and ready'. It was apparent staff would often go an extra mile for people to ensure their well-being and enhance the quality of life.

Staff were particularly skilled at recognising what was important to people and explored the information to provide support that was kind, compassionate and put the person at the centre of the care delivery. For example, one external professional told us, "Knowing that a resident used to go to [fast food chain restaurant] with husband as a treat, when the residents husband passed away and the person was low in mood, a senior carer went to [fast food chain restaurant] to buy a meal and it was served to the person as silver service". We saw the pictures of the person enjoying their special meal, the staff told us they even used similar tall glass to serve the drink to these used in the restaurant. Staff told us this was not a one off, as having the evidence of this positive impact on the person this was now a regular occurrence.

The caring nature was demonstrated by all staff. For example, we observed a very positive interaction between the service's hairdresser and the person who appeared anxious and was asking to 'go home'. The person was reassured and distracted by a chat about having their hair done later which clearly made her content and relaxed.

Staff excelled at finding solutions and exploring additional options where a potential tension could be involved. For example, a relative raised a concern they struggled to secure a parking space near the main entrance the staff. This was fully explored by the management and they found a way forward. The staff agreed that in order to free up the spaces nearest to the entrance they would ensure they used on the road parking. The management worked with the neighbouring residents and with the Police to communicate the new arrangements. It had been agreed staff would use notices 'I work at Cumnor Hill House' displayed behind their windscreens to ensure they're not causing an obstruction to the local community and can be contactable at the service if needed.

The respect for people's privacy and dignity was at the heart of Cumnor Hill House's culture and was embedded in practice. People told they always had always been treated with dignity. Comments included, "I am treated with respect and dignity, without a doubt, after all they're my friends" and "[I am] treated with the utmost dignity and respect. I am very happy returning here because I know I will be cared for with good staff who are well trained".

Staff told us how they ensured people's dignity. A staff member said, "Always make sure that during personal care the door is closed, and people are not uncovered more than they need to be. Always respect their wishes, to be polite, to be human". Another staff member said, "[Personal care] can be embarrassing for them, [I] distract them by talking about likes and interests they have, keep it nice and gentle. Also, it is important that you organise things, so people don't have to wait while undressed".

The registered manager constantly monitored the practices to ensure the experience for people could be improved further. For example, the registered manager told us on some point in the recent months there was nine married couples living at the service. The provider ensured people had been involved, consulted and if they for example, wanted double beds or when some preferred king size beds these had been purchased by the provider. These meant staff recognised what was important to people and ensured their wishes were taken seriously and people were supported in achieving a satisfactory outcome that met their expectations. The registered manager, however took another step and they sourced a specialist training surrounding sexuality. The training had been attended by the staff and the 'do not disturb' notices had been purchased for when people wanted to have privacy. This showed people's wishes were an influential factor in improving staff's practices and the service's procedures. The staff also told us how they used this newly acquired knowledge to support relationships between people in general. One member of staff said, "Two people were known to grown a bond (between them) and we give them some time together, the course helped!".

The provider was fully committed to promoting equality and diversity. For example, the registered manager ensured people's human rights, including equality and diversity were considered and respected. They recently adjusted their pre-admission template to include 'gender at birth' rather than 'male or female'. The provider's commitment around equality was also demonstrated toward their own staff as they successfully appointed staff living with learning disability and supported them to exceed at their role. The registered manager told us as a result of this appointment the company adapted the training to be more user friendly. This meant a long term benefits for the staff and as a result for people were being achieved.

People's religious and spiritual needs were assessed, recorded and people were supported to meet these.

Feedback from people demonstrated staff were kind and supportive of people's needs. Comments included, "They look after me and treat me well, they understand my difficulties and have empathy" and "They are always courteous and efficient". People's choices in relation to choosing a male or female staff had been respected so people had a say who provided them with the support.

Staff encouraged people to do as much as possible for themselves so their independence was promoted. For example, where people wished to remain in control over self-medicating some of their medicines the staff ensured relevant risk assessments were in place so people could remain the control over that area of their lives.

The staff also ensured people's needs in terms of providing accessible information were met. For example, people with poor eye sight had access to the speaking library. We observed that a member of staff had noted that one person was not wearing their glasses and went and fetched them for the person. Staff told us they ensured people's glasses and hearing aids were clean and in a good working order to ensure effective communication. An external professional said, "From what I have witnessed the staff demonstrate equality, diversity and respect. There appears to be good communication between staff and the residents, residents are listened to and issues acted upon". We saw a record of a recently received compliment when an external professional was extremely complimentary about the approach staff demonstrated towards one person that was visually impaired. The staff were commended for their caring, professional and not patronising approach that put the person's needs first.

The provider was committed to ensuring people's confidential information was protected. People's files were kept secure and staff had own login password to access electronic records. The registered manager demonstrated their proactive approach and they had sourced an additional training for staff in time for the new data protection regulation coming into life. The management completed the Information Governance Toolkit at Level 2 which demonstrated the compliance with the new data protection regulations. The management worked with the local NHS and they had been set up with an NHS email accounts. This meant they could communicate securely with the doctors and hospitals. The registered manager informed us this contributed to an improved way the service communicated changes around people's needs and their care. The provider planned to install a new type of broadband to enable access to people's local care records with people's consent should this was to benefit the care.

## Is the service responsive?

### Our findings

We found the service to be exceptionally responsive to people's individual needs and delivered support that supported choices and continuity of care. The provider's website read 'living at Cumnor Hill House is not just about receiving great care but about enjoying the things in life that you have always enjoyed. By living at Cumnor Hill House there is never the need to be lonely. Friendships and interaction are at the heart of everything we do'. In their Provider's Information Return (PIR), the registered manager told us, "If a resident asks we make it happen". Throughout our inspection we found the team effectively demonstrated they fully operated to this approach.

People received very personalised support that was focused on enhancing the quality of their lives and making sure people were able to live their lives to the full and as they wished. People were supported by staff that excelled in supporting them to maintain skills, confidence and self-esteem. People's needs were recognised by staff and staff empowered people to participate in meaningful social activities and to carry out things that could have been considered as out of people's reach. Staff used knowledge of people's past life and their hobbies to enhance people's well-being and their experiences. The service often went the extra mile to make arrangements for activities people could benefit from.

For example, one person was a retired professor in his field. The person's bedroom was equipped with archaeological papers, books and maps of where they joined excavations. The service had facilitated a trip to Greece for the person to allow them to visit museums in Athens, to pass on his experience and knowledge to staff trying to curate some items. A companion had been sourced to travel with the person. The registered manager ensured the relevant health professional had been consulted to ensure the trip was safe and that any potential risks were considered and plans put in place on how to manage these risks. We spoke with the person and looked with the person at pictures of this trip. It was apparent the trip had an enormous impact on the person's life as their eyes lit up. They told us enthusiastically about their life, their work and what they did in Greece. The registered manager told us, "[Person] is leading expert in this field, why wouldn't we allow them to continue doing what they loved".

Another person was also extremely enthusiastic about her life at Cumnor Hill House. The staff told us this person had been previously misjudged by many as unable to carry most tasks. This had not been the case and their needs had been very clearly recognised, understood and met by staff enabling the person to be 'appointed' as a personal assistant at the service. The person wore a company's polo shirt the same one as staff wore, and proudly wore a name badge too. During the afternoon we observed the person filling the contents of visitors' gift bags. The person was very happy and told us, "I love it". It was apparent that by staff enabling the person to feel valued, important and needed, they met this person's needs. Because of this innovative and personalised approach this person had an enhanced sense of fulfilment, sense of belonging and a purpose.

The outstanding activities provision was a real strength of the service. This area was led by an exceptionally passionate and enthusiastic activities co-ordinator. They said, "I'm very privileged to do this job". They ensured people could take part in a range of activities of their choice, according to their needs, abilities and

preferences. The activities co-ordinator was extremely proactive and they meticulously researched and visited places in their own time, to ensure that any risks in relation to access and facilities had been considered so the people were able to fully participate and able to access all facilities. Activities were planned one month in advance, the activities calendar was advertised in the front reception area and distributed around the service each Monday. Activities were advertised under several categories, for example, physical, intellectual, emotional, sensory, creative and more.

People and their relatives were extremely complimentary about activities provision. Comments from people reflected people were able to choose what they wanted to do and there was always something on offer. One person told us how they had been on several trips out from the home, with most recent outing to play 10 pin bowling and to The Natural History Museum. Their relative told us, "[Person] enjoys the activities but is not forced to do what he doesn't want. A trip to a brewery was arranged for the day of the inspection for one person who previously owned a pub. Arrangements, as a surprise had been made for the person to 'pull pints' again. Another relative told us, "I think they will keep [person] busy and occupied, she'll love it". Staff ensured activities were suited to people's individual needs. For example, one person found it difficult to join in with group activities as they preferred peace and quiet to noise and large crowds. An outing, a trip to a Butterfly Farm was organised for this person. Their relative told us, "[Person] had enjoyed it immensely". There were the service's own means of transport available, such as a minibus and a chauffeured car. Additionally, a number of external entertainers were sourced to deliver the remaining programme such as a physical activities program that run each week including Monday's Yoga, Tuesday's fitness for all, Wednesday's gently seated exercises and Friday's sessions focused on strength and flexibility.

The staff also ensured people had opportunities to experience real community interaction that enhanced people's wellbeing and gave them a feeling of purpose. In their Provider's Information Return (PIR), the registered manager said, "We have recently started a Monday morning coffee club for Tiny Feet. Staff are actively encouraged to bring their children in during their rest days as some residents actively thrive on this with residents actively requesting staff members children visit more often to spend time with them. This helps with boosting people's emotional well-being". Staff told us how involving children was increasingly popular and how it affected people's well-being. A member of staff said, "I bring my children in and people enjoyed it, toddlers' group has been going on for a while, we would do anything for our residents not because we have to but because we want to".

People told us how Thursday evenings were 'themed evenings' each week. There was entertainment, a buffet or BBQ or similar and all relatives, friends, staff and local community were invited. These were becoming quite well known and extremely popular. There was a bar bistro area where visitors were welcome to use the facilities for free as part of the all-inclusive package. We saw the bistro was very busy on the day of our inspection and enjoyed by people and their relatives, friends and visitors. Additionally, people were able to use the Lily Room Spa at the service. There were treatments on offer to enhance mental health, relaxation, comfort and inner peace. The hair salon and nail bar were also available and both offered a wide range of services.

The community spirit was enhanced by the fact the service offered a fine dining room that seated 10 people. This enabled people to comfortably engage with family gatherings. The registered manager told us they previously experienced people being excluded from family gatherings due to concerns around accessibility of venues and bathrooms and as a result people being excluded from family celebrations. Cumnor Hill House offered a luxury setting where people and families could choose their own menu that would be provided by the chef. Additionally, as a part of the all-inclusive package a waitressing service was included. The registered manager also told us, "At Christmas we welcomed a couple who were local to the home who have no family and had previously spent a week with us on respite. They came in to join us for Christmas

lunch".

There was a clear plan how to take the already impressive provision of activities even further. The team planned a fun idea of new staff getting to know people, - 'Speed Dating'. The staff also planned to have a small shop so people could remain independent and those who did not wish to leave the service or felt too unwell they would still be able to purchase small items such as birthday cards for loved ones. The service was also in a process of installing a re-ablement gym to aid people with physical well-being. One of people told us they recently met with the director to discuss the purchase of a specific treadmill.

People's care plans were up to date and reflected people's needs. People's care documentation was current, up to date and had been reviewed by designated nursing staff monthly. The provider recently introduced the new system of electronic care planning with an aim this would aid a collaborative approach to people's care so that all staff were able to view the live input of the information. This user-friendly format and the speed in which these could be updated enabled staff to focus more on people's needs and care delivery.

We also found additional numerous examples where people received a very personalised approach that met their individual needs, preferences, beliefs and wishes. For example, the registered manager told us how they supported one person who was concerned with their prescriptions. The team supported the person with liaising with the doctor around finding alternative medicines. The person was not satisfied with the manufacturer based outside of the UK. The team also supported the person with liaising with the GP and altering some of their medicines as the person was not satisfied with the coating around the tablet and concerned this may upset their stomach.

Where people had impaired mobility the team used innovative approaches to ensure people were still able to live their lives as they wanted. For example, the staff introduced the use of a specialised chair sensor mat with an independent alarm for one person that may forget their mobility is not as good as it used to. The team also introduced glow-in-the-dark feet stickers for another person to help them to orientate and find the way to their en-suite bathroom at night. This person did not wish to have the light left on overnight. We saw one person, who was described in their care plan as being 'reserved' and 'likes to spend time on their own'. They had a fish tank in their room, as well as a personal, high quality TV. The equipment provided by the service so the person could streamline and watch their favourite shows.

External professionals were also very complimentary about the service and told us staff were focused on providing a very responsive, person-centred care and support. Comments from professionals included, "I am always impressed with how much the staff know about the residents' life history and use this to inform their interventions", "They provide a person-centred service, they strive to get to know their clients and accommodate their needs as much as possible. For example, arranging a mini break in their sister homes, having rooms for family and visitors, they can accommodate couples and try to maintain the environment as friendly as possible" and "I think the staff strive to give person centred care".

People and their relatives knew how to make a complaint and the provider's complaints policy was available to people. Comments from people and relatives included, "I know who I can speak to" and "They'll all listen to you here". This meant people were empowered to raise any concerns and they felt their concerns would be taken seriously. The complaints log reflected any concerns made had been investigated and concluded by the management.

The registered manager demonstrated an innovative and proactive approach to the complaints management. They identified that majority of the complaints received in the last year related to people

coming for a short, respite stay. To address this, they created a brochure guide for people on how to prepare well for a respite stay at the service and about how to balance people's expectations with the need of the staff working to the policies. The guide covered areas such as pre-admission assessment information gathering process, medicines management, visiting pets, support from management team and a suggested packing list. The registered manager confirmed they successfully measured that the number of respite type complaints successfully reduced since implementation of the guide. This meant they were able to demonstrate they successfully made improvements as a result of this.

People were supported to have a comfortable, dignified and pain free end of life. People's care records contained information about people's preferences in how they wanted their care to be provided. This included information about DNAR (Do Not Attempt Resuscitation) status. They team would involve the relevant professionals when required to obtain appropriate medicines to ensure people remained pain free. The registered manager informed us that on the day of our inspection no people received end of life support. We however observed staff planned the details of the wake of a recently passed person that was going to be held at Cumnor Hill House the following day. We received excellent feedback from the family of this person. The feedback said, "[Person] died recently at Cumnor Hill House and the care provided and the consideration given to us as family members was humbling. In the last fortnight of [person's] life the staff on [person's] floor, within the home and by the extended staff cleaning, laundry, bistro, etc. provided such fantastic care and consideration the [person] was never on their own. On Monday the staff rang to say we should come in at 2 am. We [family] got there in time. The staff on duty were amazing, so caring towards us. We were treated with such consideration and warmth it was just like being part of a true family. Real emotion from everyone. Cumnor Hill House could not, in my opinion, have done more to support myself and all the extended family and we will always be eternally grateful for the compassion and dignity they shown mum and all the family. I cannot praise, enough, the care we all received".

Staff told us how they delivered high quality end of life care. One staff member said, "Stay with [people], to be there for them, especially if they don't have anyone. They might be scared, they deserve the best treatment". The service supported staff with understanding and empathy. Staff held reflective meetings after a person passed away. The reason for a reflective meeting was to reflect on a person's life and to provide emotional support to staff involved in person's care. Staff told us they valued these meetings and what impact these had on them. One staff member said, "People respond differently [after someone dies] they need different support, ether in a group or one to one". Another staff member said, "If someone dies it is hard for us, [during a reflecting meeting] everyone is saying positive things and this gives emotional support. It affected me and the support from team was great".

External professionals were very complimentary about specialist care provided at the service. One professional said, "The staff raised concerns that a particular client required input from a specialist nurse to improve their quality of life and enhance the care given. I was very impressed that this was the case". Another professional said, "There was a number of expected deaths, two people recently died, they [staff] did really well, they [staff] were very upset, [family] was very impresses with the care".

The registered manager demonstrated an innovative and proactive approach to ensuring people and their relatives received good support around planning their end of life care. The registered manager told us they identified the staff struggled at times to engage people and families in completing end of life care plans as this was a sensitive subject. Wanting to engage people they designed and implemented a brochure surrounding end of life care issues. The booklet outlined the reasons why it's important to plan, it talked about end of life care and signposted families to organisations where to seek support during and after death for the loved ones. There were also hints and tips on how to write a good advanced care plan. The registered manager told us, "People take over a year to plan a wedding, nine months to plan a baby and can't expect

to plan a good end of life care in a couple of days". The registered manager had clear plans to further develop end of life care. An end of life champion was about to be appointed. Their role was to focus on additional training around end of life care. The staff from the service had been invited to join in with the local hospice in a project starting in autumn.

## Is the service well-led?

### Our findings

At our last inspection in April 2017 we found provider's systems for monitoring and improving the quality of the service were not always effective. These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We asked the provider to submit us an action plan stating how they were going to address these issues. We received the action plan promptly and it showed the improvements had been made and how were going to be sustained.

On this inspection, in May 2018 we found the service significantly improved and was now very well-led. There was a registered manager in post who started working at Cumnor Hill House a week after our last inspection in April 2017. 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.

We received a very enthusiastic welcome from the registered manager on the morning of our inspection. They opened the door for us and told us, "Finally, you're here". This meant the registered manager was genuinely looking forward to our visit as they wanted to share with us the hard work that had gone into making the improvements at the service. This also meant they welcomed the inspection process and saw it as a vital way of holding the service to an account.

The provider's ethos was to ensure a happy environment for people living at the service while recognising the value of the care profession and valuing their staff. They also aimed to deliver the best care possible, while 'never losing sight of the happiness of each and every resident'. We found both were successfully achieved by the team at Cumnor Hill House.

Throughout the day there was a very positive atmosphere encouraged by the team that promoted open and transparent culture. People and relatives complimented the service and everyone we spoke with, without exception told us the service was extremely well-led. Comments included, "A very well operated organisation. You have to be a bit of a niggler to find fault with it" and "The home is well run, comfortable and sociable". The impact on people's life, their experiences and how people's voice was used to improve the service had been demonstrated in caring and responsive domains of this report.

There was a complex staffing structure in place and all staff were clear about their roles and responsibilities. They had also been encouraged and supported to share roles and take on new tasks to develop their skills and self-esteem. For example, one of the staff we met on our inspection in April 2017 was now acting as a trainee senior. The member of staff praised the encouragement, support received from the management. They said, "Manager and deputy supported my development, definitely feel valued". Another member of staff was seen to work on updating the training matrix with recently issued certificates. The member of staff told us, "I normally work as [different department] but I was given this task as I am organised like that". Other comments from staff included, "They [management] support me with development and they want me to progress" and "We get 'thank you'". There was a very high level of satisfaction across all staff. The provider

had decided to take the lead within the local sector and to show their appreciation and recognition toward their staff they were a proud employer that paid above the living wage. In provider's words 'the results of doing this are that we have a care team who know they are respected and valued, and we are able to attract the best people to work in our home. Everybody wins, but most of all our residents'. This demonstrated the provider's commitment to ensuring staff's commitment and inclusion across the workforce.

The registered manager ensured people were fully involved and able to give their views about the service in various ways. The registered manager operated an open door policy and people were encouraged to attend meetings and provide feedback. People's feedback was acted upon. For example, as people enjoyed having the chicks over Easter period and expressed they would like to have other animals, the home's rabbits have been purchased. The registered manager kept a log of 'you said, we did' examples, we saw when people fancied 'something extra', the staff made that possible for them. We reported on a number of examples in previous sections of this report, but there were additional examples. Such as, one person fancied a specific brand of their favourite green tea and staff went and got it for them. Another person did not like salmon, so the staff went and got a trout to ensure the person was still able to enjoy a fish meal.

The registered manager proactively monitored all feedback received including provider's own surveys and the reviews of the service on a leading UK care home review website. We viewed the results and noted these were overwhelmingly positive. The vast majority of the people commented the service as 'excellent' (45 out of 50 opinions, with the remaining five rating as 'good') and people were 'extremely likely' to recommend Cumnor Hill House. The registered manager told us their aim was to improve the current '9.8' rating to '10'. The registered manager considered and acted on all feedback, for example, the most recent survey showed people and relatives felt the survey questionnaire was too long. The registered manager worked with the directors to reduce the number of questions while still getting the necessary information.

The registered manager ensured a number of regular monthly audits had been carried out, these included medicines, accidents, care plans, health and safety among the others. We found the quality assurance systems were effective and there was evidence available where an area for improvement had been identified a prompt action was taken to address it. For example, we saw a copy of the medicines audit carried out earlier this year that identified a number of concerns. The audit had a clear action plan how to address these concerns and we found these issues had been addressed. Additionally, the next audit clearly reflected the concerns have been addressed and improvement implemented.

There was a strong emphasis on continuous improvement and there was evidence available that the provider used last year's inspection result and they reflected on their systems. They identified the need for an additional layer of quality assurance that would ensure the service's local management were also being audited. The registered manager told us, "[The provider] sourced external consultants, double up on all audits from head office". The registered manager praised the support from the provider and told us the provider was excellent and they could ask for anything. People also praised the director. One person said, "One of the directors was here this morning, he comes in regularly which is good that they take an interest, which is how it should be!". The registered manager confirmed the directors were indeed in the building on the day of our inspection. The fact they did not look for the inspectors and left the service shortly after arriving reflected not only they had the confidence in the team but also that they were confident about the quality of the service.

Staff told us they were well supported and praised the registered manager. Comments included, "Management leads by example. Manager does it in a warm, friendly way, she explains how to do things right, plus we get good training so there's no reason why this wouldn't work", "Manager is trying to sort things, to put everything in place", "Team is brilliant" and "She [registered manager] is a boss and a friend,

she's picked staff up when they had trouble getting to work. She always listens. She values what I say". Staff were encouraged to attend team meetings. We viewed the minutes from staff meetings and we saw there were numerous meetings held. For example, health and safety, seniors' meetings, meetings of head of departments, night staff meetings and ancillary staff meeting just to name a few. There was a strong emphasis on staff taking on lead roles to support their development and develop their interests. There were already a number of champions in place, such as dementia lead, falls lead and nutrition lead and the management planned to introduce an end of life champion and an infection control lead next.

We attended the daily heads of departments' meeting and it was a very positive example of all staff working as one team. The registered manager informed staff that one family of a former resident would like to make a donation for the home to express their gratitude. The person, who recently passed away, was known for not being keen on hoisting equipment when staff needed to use it in case of a fall. It was agreed the staff would look into an innovative piece of inflatable equipment that can be used to bring people safely into sitting and then standing position. After a short discussion it was agreed this will be taken on by the manual handling trainer who was the best placed for this task. It was an excellent example of staff respecting their former resident's wishes, and using their dislike for hoist to ensure their legacy contributed to improving the experiences for other people.

The registered manager worked in partnership with other organisations and external professionals. The team referred to recognised bodies' good practice guidance such as NICE or MHRA Device Alert. The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for the regulation of medicines and medical devices and equipment used in health and social care. This was to ensure their practices were current and met the standards.

We received numerous responses from external professionals with feedback about Cumnor Hill House. The feedback received from all professionals was overwhelmingly positive and included comments such as, "The care home manager, deputy manager and the care leaders are very responsive, listen and act upon any issues. Staff are friendly and do try to offer assistance where needed", "I found all staff extremely helpful, any question raised was answered satisfactorily, if the answer was not known it was found out for me" and "Manager and staff at Cumnor Hill are very accessible and approachable. They value my opinion and contribution when they are concerned about their clients. We have worked very closely with some potentially serious crisis and they were very engaged with the whole process".

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents.