

# Inspection Report

## 2023-2024

## Cummal Mooar

Adult Care Home

14<sup>th</sup> & 15<sup>th</sup> February  
2024

**Under the Regulation of Care Act 2013 and  
Regulation of Care (Care Services) Regulations 2013**



Isle of Man  
Government  
*Kallagh Ellan Vannin*

**DHSC**

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on 14<sup>th</sup> February 2024 and announced on the 15<sup>th</sup> February 2024. The inspection was led by an inspector from the Registration and Inspection Team who was supported by additional colleagues from the team, including a Pharmacy Advisor.

### **Service and service type**

Cummal Mooar is an adult care home offering residential care services for older people.

Cummal Mooar is operated by Manx Care and located on the Queens Promenade in Ramsey. This care home consists of three units across two floors and is registered to provide care and accommodation for up to forty six people.

Care and accommodation can be offered on a permanent or short term care arrangement and there is also the facility to offer emergency care and accommodation if required.

Cummal Mooar is an older style residential home which lacks some modern facilities such as ensuite facilities. It was announced last year, the future plans for Cummal Mooar are being considered by Manx Care and the Department of Health and Social Care.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### **Our key findings**

- Assessment and care planning documentation used by the service was underpinned by person centred principles.
- There was evidence of referrals and involvement from external professionals when needed.
- The people we spoke to said they felt safe.

- Feedback we received from people who live in the care home, significant others and external professionals was overwhelmingly positive in relation to the caring attitude of staff.
- The uncertainty surrounding the future of Cummal Mooar was worrying staff, people who live in the care home and their significant others.
- External professionals told us staff escalated concerns to them appropriately.
- There were areas of improvement which included consistency of care planning records, strengthening risk assessment arrangements in relation to some new admissions, initial assessment practices, the application of mental capacity best practice and strengthening internal audit arrangements in relation to people's files.

### **About the service**

Cummal Mooar is registered as an adult care home able to accommodate up to forty six residents. There were forty three residents at the time of this inspection.

The care home provides residential services for people over the age of sixty five.

### **Registered manager status**

In December 2023, the service recruited an experienced manager into the post of acting registered manager due to the retirement of the registered manager.

The acting registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### **Notice of Inspection**

This inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

We visited the service unannounced on the 14<sup>th</sup> February 2024 to commence the inspection over a period of two days.

### **What we did before the inspection**

We reviewed information we received about the service since the last inspection. This included information the provider sent to us in the provider information return (PIR), statutory notifications submitted to us by the service, the provider's policies, health and safety information and any safeguarding issues.

### **During the inspection**

- We reviewed a range of records including people's assessments, care plans, risk assessments and daily notes.
- We looked at staff and resident meeting notes.
- We spoke with various members of staff, the registered manager and a visiting professional.
- We spoke with people who live at the care home and their significant others.
- We viewed recruitment records.

## **After the inspection**

- We requested feedback from health and social care professionals who have contact with the service.
- We sought additional feedback from significant others
- We viewed training records.
- We looked at the most recent dependency assessment tool which informs staffing levels at the care home.
- We reviewed the most recent audit undertaken on behalf of the responsible person.

**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require improvements in this area.

This service was found to be not always safe.

**Using medicines safely**

A medication inspection was undertaken by a Pharmacy Advisor who works alongside the Registration and Inspections Team.

In relation to medication, Cummal Mooar is guided by the Manx Care Medicines Policy which contains all the relevant information for the safe use and management of medicines in a home care setting.

We found that people were supported to administer their own medication appropriately.

The main areas of improvement identified in this report are concerned with the ordering, receiving, storage and disposal of medication and the administration of medication. A copy of this report will be provided to the service for action.

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

The service has established systems in place to help protect people from harm and abuse.

The service, as part of Manx Care, has organisational safeguarding and whistleblowing policies in place.

There was a high level of training compliance with adult and children safeguarding, whistleblowing and duty of candour.

The staff we spoke to were familiar with organisational safeguarding policy and knew how to respond to adult safeguarding concerns. This was further evidenced by safeguarding concerns which had been raised appropriately by the service this year and notified to the Registration and Inspections Team.

Safeguarding is also an embedded feature of staff supervisions.

We were informed there had been no whistleblowing incidents at the service this inspection year.

**Assessing risk, safety monitoring and management; Learning lessons when things go wrong**

The care home has a variety of arrangements in place to support the monitoring and management of people's safety and welfare. This includes people's care and support

records being held on a digital client information system accessible to support staff, shift handovers, admission checklists and communication books.

It was evident from speaking with staff they were familiar with people's needs and safety requirements. This was further corroborated by speaking with professionals who have regular contact with the care home.

The people we spoke to in the care home told us they felt safe. One person said "the staff check on me all the time", one family member told us "I just don't worry about her" in relation their relative receiving care at Cummal Moor.

In the sample of electronic records we looked at we could see alerts had been placed on people's profile pages to highlight allergies. People's care plans had also been developed alongside a corresponding risk assessment document. There were also specific risk assessments created, for example, pressure ulcer risk, community safety and moving and handling.

Held outside of people's records there were separate systems in place to record, monitor and analyse incidents of falls within the home and monitor people's weights. These systems helped to further support people's wellbeing and there was evidence of onward referrals being made as a result of these to health professionals.

Whilst there was a lot of relevant information overall we found discrepancies in some of the care records we looked at. Examples of this were in relation to weight loss, catheter care and the risk of developing pressure ulcers. We also found some information was not aligned, the need for a care plan had not been recognised, and in one instance an identified concern had not been acted upon. In addition, not all care plan and risk assessments were updated in a consistent manner. For example, we saw health related additions in one person's care plan from were made without headings and not entered in to existing domains.

These issues were shown to and discussed with the acting registered manager during inspection.

As a statutory provider of residential care accommodation the care home can be called up on to provide emergency care and support.

We discussed any proof of learning resulting which had occurred from an emergency admissions with staff and the acting registered manager who was not in post at the time. From these discussions it was identified there may be a need to review and strengthen risk assessment arrangements in relation to admissions, particularly where there is a presence of high risk factors.

The care home has access to a digital risk management system to record and monitor incidents. This system helps Managers to identify themes, trends and promote learning. We were able to locate incidents within this platform which corresponded with notifications sent to Registration and Inspections. There was also evidence of information being sent appropriately to the Isle of Man Health and Safety at Work Inspectorate.

A range of routine health and safety checks on the environment and equipment were seen to be carried out. This included fire safety equipment, electrical installations, water safety, heating and lifts. At the time of inspection we were informed outstanding checks

for thermostatic valves and PAT testing had been completed but paperwork in relation to these were still outstanding. We were also advised actions resulting from an external fire risk assessment were completed or underway but could not yet be evidenced to Inspectors.

Fire exits were seen to be clear on the day of inspection.

The provision of evidence to demonstrate completed or outstanding health and safety works to the Registration and Inspections Team will be included in the services action plan. We acknowledge delays in this area are out-with the control of the service.

We checked the service had a system to track and trace all staff had attended fire drills at least once per annum.

Personal evacuation plans for people who live in the service were seen however we found this information required a review to ensure it was correct and up to date.

### **Staffing and recruitment**

According to pre inspection information Cummal Mooar employs in the region of sixty five staff. The staff mix includes people in the following roles: social care worker, senior social care worker, duty manager, activity coordinator, housekeeping and laundry, cooks and kitchen staff, an administrator and the registered manager. There are relief and part time staff amongst this mix.

At the time of inspection there were four staff members absent from work with sickness. Vacancies including two social care worker, two housekeeping staff and an assistant cook post had just been filled.

Staff told us they often do extra shifts to cover absences or vacancies.

Staffing levels are mapped against a monthly dependency tool.

People who live in the care home were mixed in their feedback on staffing levels. Staff consistently told us they did not feel the staffing levels were adequate in relation to being able to give people one to one time, manage staff absences, support training needs and resident's appointments. This feedback was given to the acting registered manager for discussion and review with the staff team. Feedback from family or significant others did not highlight significant concerns with staffing levels.

Although recruitment information is managed centrally by the providers Human Resources team we still expect to see evidence of safe recruitment practices on site. During inspection we looked at recruitment records and could not evidence all recruitment checks and references were carried out safely due to gaps in accessible records. This was an area of improvement identified in the action plan generated from the last inspection report and will be carried forward.

In accordance with DHSC Registration and Inspections Minimum Care Home standards, existing staff must be subject to Disclosure Barring Service (DBS) checks every three years. Not all DBS renewals were found to be up to date.

### **Preventing and controlling infection**



There is an organisational infection prevention and control policy in place.

Cleaning products which fall in the range of control of substances hazardous to health (COSHH) were stored in a locked cupboard. The sluice room was also locked.

The setting is registered with the Department of Environment, Food and Agriculture and there was a high level of compliance with food hygiene training.

Food was appropriately labelled and stored in the kitchen areas. Temperature logs were seen.

We saw a high level of compliance with infection, prevention and control training.

The service has a number of internal systems and audits in place regarding infection, prevention and control. The care home looked visibly clean, there were adequate stocks of personal protective equipment and hand sanitiser stations were positioned throughout the care home and all seen to be in use by staff during inspection.

An external infection prevention control audit was undertaken this year by the Infection Prevention and Control team. We could see most actions resulting from this audit had been completed. Outstanding actions were not in the control of the service, and some reflected the age and general wear and tear of the building. Involvement from the Infection Prevention and Control Team was also demonstrated in statutory notifications submitted to Registration and Inspections in the course of this year

We were advised by staff, housekeepers were regularly taken off their prescribed duties to help with other tasks which affected their ability to complete their cleaning schedules. This concern was passed to the acting registered manager who agreed to explore this issue further.

There were areas of the care home which were not in use by residents but seemed to have multipurpose uses such as equipment storage areas and break out rooms for staff. We recommend these areas are locked to ensure the safety of residents.

## Action we require the provider to take

Key areas for improvement:

- The service to ensure actions highlighted in the pharmacy report are actioned.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The service to ensure information held in people's care planning records are consistent and aligned.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- The service to review and strengthen risk assessment arrangements in relation to new and emergency admissions where there is the presence of high risk factors.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

- The service to provide evidence all outstanding works in relation to the environment and health and safety issues have been completed.  
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)
- The service to engage with staff to be confident staffing levels are adequate and allay their concerns.  
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- The service to ensure all DBS checks are completed in line with statutory requirements.  
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- Ensure multipurpose rooms used for storage and not for resident access are locked to ensure their safety.  
[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)
- Action is required to demonstrate safe recruitment practices.  
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

## Inspection Findings

### C2 Is the service effective?

#### **Our findings**

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does require improvements in this area.

This service was found to be not always effective.

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

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied up on in this area. There is a Manx Care policy for mental capacity, best interest’s decisions and deprivation of liberty to provide guidance on this.

Cummal Mooar has an open door policy.

We saw evidence of mental capacity assessment principles and least restrictive practices embedded in the format of assessments and care plans.

There was evidence of consent being sought, people being supported to make their own choices and being involved in decisions about their care. There was however a lack of consistency in the application and recording of mental capacity best practice where restrictions or additional supervisions were in place to protect people in their best interests, for example, sensor mats and community safety.

We could not see evidence of mental capacity training being provided to staff in the training matrix provided. This issue was discussed with the acting Registered Manager who agreed to take it forward.

Assessment, care plan and risk assessment documentation formats were underpinned by person centred approaches and covered all significant domains.

We saw evidence in people’s files that senior officers from the care home met with prospective residents and significant others prior to planned admissions. Where involved, other health and social care professionals were also consulted.

We saw evidence of six monthly review meetings with involvement from people and their significant others. There was a track and trace system to ensure reviews took place and corresponding notes were made in people’s daily records to reflect this. A family member told us “they involve my (relative) in everything”.

We could not evidence that a new assessment of need was forming part of the review process.

Staff told us there had been a relatively new referral and assessment pathway implemented to the service via the Northern Wellbeing Partnership. Prior to this the care home staff were completing a stand-alone eligibility assessment. In viewing peoples records, and speaking with staff, there appeared to be some confusion in relation to initial assessment practices and the

interface of this process with the Wellbeing Partnership Assessment document. A consistent approach to the recording of the initial assessment, evidencing compatibility of prospective residents and demonstrating accountability for the information contained in the partnership assessment was not made clear to inspectors. Staff also told us they had received limited training on the new referral and assessment pathway.

We discussed the lack of clarity in relation to the referral and assessment pathway with the acting Registered Manager. The manager agreed to explore these concerns further with all stakeholders.

### **Staff support; induction, training, skills and experience**

Staff have access to a digital learning platform which provides on line learning and opportunities to enrol on a range of face to face courses.

All staff are required to complete mandatory and refresher training in addition to training which is more specific to their role. There are systems in place to track compliance.

The majority of staff involved in direct care had obtained a care certificate or level 2 in health and social care.

From the information we received prior to inspection, there were gaps in relation to staff completing refreshers in mandatory training.

We could see staff who were overdue in their medication refresher training were booked on to the next available course.

Staff told us they did have the basic training needed to undertake their work. There was also evidence a specialist health professional had delivered training to staff to help them support specific needs of residents however this has not yet been fully completed due to work demands of the external professional involved.

People who live in the care home told us staff were well trained.

Some staff told us there was no time to complete additional or refresher training in work time therefore they had completed this in their own time.

Staff we spoke to consistently advised us they would benefit from additional training in relation to the providers falls management bundle and face to face training on the application of the organisation's mental capacity policy. Some staff also said it would be beneficial to receive regular updates regarding developments happening in the community, for example, the frailty clinic and wellbeing partnerships.

New staff received inductions based on guidance from the Social Care Institute for Excellence (SCIE).

The acting registered manager is experienced and appropriately qualified. Duty managers were also found to be experienced and appropriately qualified.

There was a system to ensure supervisions and appraisals were taking place.

From training records viewed, we were not assured that managers and senior staff who were providing supervisions and appraisals to other personnel had received training in this.

Staff meetings were happening and there were arrangements to ensure night staff were included in these.

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

We read care plans and risk assessments in relation to people's eating and drinking requirements. People's likes, dislikes, allergies and utensil needs were documented.

Food and fluid intake charts were in use. We saw evidence of people's food intake being monitored, referrals to dieticians and involvement from speech and language therapists (SALT).

Kitchen staff and managers received training in dysphagia and there was information held in the kitchen relating to people's modified diets.

Cummal Moor refers to the provider's nutritional assessment policy to identify and support people who are at risk of malnourishment. People's weights were monitored monthly. If there were concerns in relation to weight loss or eating and drinking, weights were then being monitored weekly.

In records viewed we found inconsistencies in relation to the management of eating and drinking concerns. We found information contained in one person's care plan did not correspond with the latest SALT letter held on file. There was no harm to the person as a result of this. As referred to earlier, one person's weight loss concerns had not resulted in any actions, and in another file an appropriate referral had been made but there was no associated care plan or risk assessment developed in relation to this.

The above cases were discussed with the acting manager and duty manager during inspection and immediate steps were taken to rectify them. We would also recommend more detailed information is contained within people's eating and drinking plans to correspond with SALT instructions which should always be held on the person's file.

Menus were planned in advance, seen to be displayed and choices were discussed with people the day before. Modified diets were catered for but not displayed, this was discussed with the acting manager just as something to consider.

We observed the dining experience over the two days of inspection. Day one coincided with a themed Valentine's day event. Residents were observed to be socialising together in a communal area which had been specially decorated. Ordinarily people dine in smaller groups within three areas of the home. Staff were observed to be attentive and discreet in their observations of people when eating and drinking, and the atmosphere seemed relaxed.

People told us they had sufficient food at mealtimes and snacks throughout the day. People living at the care home were able to make suggestions at residents meetings in relation to menus. Overall feedback from residents and their representatives was positive in relation to the quality of food. People felt able to ask or were offered alternatives not on the menu if requested.

## Action we require the provider to take

### Key areas for improvement

- The service to ensure that staff receive appropriate training in relation to the implementation of the providers policies such as falls bundles and mental capacity.  
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)
- The service to take action to ensure a new assessment forms part of the residents six monthly review.  
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)
- The service to strengthen the application of mental capacity best practice in recognising restrictions which are placed on people’s liberty in line with the provider’s policy and consistently reflecting this in people’s care records and reviews.  
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)
- The service to ensure initial assessment practices are consistent and evidence accountability of staff and compatibility of residents.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)
- Guidance from health specialists in relation to people’s eating and drinking is of adequate detail in care plans and corresponds with the health professionals written instructions, a copy of which should always be held on the persons file.  
[This improvement is required in line with Regulation 13 of the Care Services Regulations 2013 – Service recipients plan.](#)
- The service to ensure staff consistently follow the provider’s nutrition and hydration policy.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service](#)

## Inspection Findings

### C3 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. The service does not require any improvements in this area.

This service was found to be caring.

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

There was a high level of staff compliance with equality diversity and training.

Cummal Mooar's statement of purpose describes the ethos of the home is to provide "a quality caring service for older people in a safe and homely environment".

During inspection, we observed warm and friendly interactions between staff and residents, and there were examples of good humour. An external professional commented "it is clear that (the staff) show genuine care and empathy for their residents".

Feedback we received from people living at the care home was extremely positive in relation to the caring attitude of staff. Words and phrases used included "approachable", "we are like a big family", "absolutely fantastic" and "staff are worth double their wages". This was further corroborated in a set of residents meeting notes read during inspection and also illustrated by recent thank you cards sent in by family members. One family member wrote "mum is always smiling" and another "staff went over and above". Significant others we spoke to were equally as complimentary about the caring approach of Cummal Mooar staff, describing staff as "going over and above a lot of the time" and "...brilliant, they treat people as if they were family".

Staff told us they got to know people who live at the care home by spending time with them, speaking with family, and reading their files.

It was evident from feedback and observing the valentine's day event considerable efforts were made to treat people well.

Religious, cultural needs and information in relation to important people were reflected in people's care plans.

People said staff knocked before entering their rooms.

People's care records were stored securely on a digital platform or in electronic files. Paper records held were located in offices with lockable doors.

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

Care records and feedback demonstrated individuals and their significant others were involved in the development of care plans, in their six monthly review meetings, keyworker meetings and in day to day decisions.

People told us staff were approachable and would regularly ask if they were happy. People also said they were comfortable speaking with staff or the manager.

The registered manager told us they like to make time to be visible to people living in the care home and informally chat.

We saw evidence of people personalising their rooms.

### **Action we require the provider to take**

Key areas for improvement

- None



## Inspection Findings

### C4 Is the service responsive?

#### **Our findings:**

Responsive – this means we looked for evidence that the service met people's needs. The service does not require any improvements in this area.

This service was found to be responsive.

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

Care plans, risk assessments, staff training and the philosophy of care in the statement of purpose provide a framework for person centered planning.

Domains included in assessments and care plans contained relevant information in relation to help needed with people's physical health, mental health, mobility needs and personal care. We found there was clear guidance to support people needed with personal care and mobility needs.

Care records viewed were written in a person centered, strength based and respectful manner.

We could see people were encouraged to maximise their independence and in the least restrictive way possible. For example we saw evidence in people's records of preferences regarding daily routines, agreements in relation to wanting or needing night checks, independent administration of medication, managing post and people making their own drinks. One family member told us staff were encouraging their relative to maintain their mobility.

Information in people's plans provided very helpful information in relation to personal histories, important people, interests, routines, money management and end of life wishes. These domains were consistently completed in the files we looked at.

We could see from records people were supported to maintain contact with people who mattered to them and to remain in contact with the wider community as much as possible. This was corroborated in feedback from family members and significant others who also told us of regular social activities and trips out taking place. One family member described the efforts made by staff at special events and celebrations as "amazing" and observing staff spending one to one time with residents.

We saw evidence of staff initiating referrals to other professionals to support people's health and wellbeing. We could see a range of advice from healthcare professionals recorded and actioned on people's files. We sought feedback from professionals and were told staff knew people well, were responsive to their needs, escalated concerns appropriately and adhered to instructions or guidance provided.

Handovers helped to ensure staff gave the most up to date information to be responsive to people's needs. We were told any issues of concern were highlighted to the duty manager and we observed this taking place during inspection.

Overall, we saw care plans were being updated as changes occurred.

During inspection we encountered one person who was trying to find their way to a planned activity. We did notice a lack of dementia friendly signage throughout the home. This may be something to consider given the needs of some people living there.

During inspection call bells were observed to be answered promptly and feedback from people in relation to this was generally positive.

A list of events and activities was displayed on notice boards. There were activities observed on both days of inspection for people who wished to attend.

The lack of stable internet connectivity and Wi-Fi in parts of the care home was raised as an issue which affected both staff and residents. We were told this was at times affecting staff ability to access people's records and complete training. We were also informed some residents were using hot spots on their mobile phones to run their larger digital devices and where possible were moving rooms to be closer to Wi-Fi on the upper floor. As evidenced during the pandemic, digital access can be vitally important to people in maintaining leisure interests or contact with family members.

### **Improving care quality in response to complaints and concerns**

A combined service user guide and statement of purpose is available for residents and on display. This helps to set people's rights and expectation and provides information on how to make comments, complaints and compliments.

A separate policy and procedure for the management of complaints was also displayed throughout the care home.

The service maintains a written local log of complaints in addition to there being an organisational digital repository for formal complaints.

We reviewed the complaints log and could see appropriate steps had been taken in response to these. We did suggest the log is separated in to formal complaints and those which are lower level expressions of dissatisfaction or informal. We also recommended the formal complaints log format is amended to include the internal incident number and formal closing date of complaints.

Reporting on complaints, feedback and improvements is part of the care home's annual plan.

Staff, people who live in the care home and significant others told us about the impact of the recent uncertainty which has arisen in relation to the future of Cummal Mooar. Themes of general worry, anxiety and dissatisfaction in relation to the handling of the situation were apparent.

Residents and significant others we spoke to said they would not hesitate to raise concerns with staff or a manager.

There were opportunities provided to people to express views such as resident meetings and annual surveys.

There is a lack of independent advocacy on the island for people with specific needs. This is of particular concern for people who may not have the ability to speak for themselves, for example due to a lack of mental capacity in relation to their care and accommodation and do not have significant others to represent them. This is a system wide issue and not specific to

Cummal Moar however where sources of support are not available it would be beneficial for the service to raise this issue with the relevant stakeholders.

### **Action we require the provider to take**

Key areas for improvement

- The service to review Wi-Fi accessibility to ensure all residents have equal access to this provision and staff can access a reliable connection to execute aspects of their role.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)

### **Recommendations**

The service to consider dementia friendly signage for the benefit of people who live in the care home with specific needs.

## Inspection Findings

### C5 Is the service well-led?

#### **Our findings**

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does require improvements in this area.

This service was found to be not always well-led.

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

The services statement of purpose sets out values and standards which underpin the principles of care and behaviours of staff.

Induction training, mandatory and additional training cover aspects of care values and person centred care.

Evidence from people's files and feedback obtained corroborated practices within the care home are aligned to person centered values.

Other than the uncertainty about the future of Cummal Mooar there were no concerns brought to us about the culture of the care home by staff or residents. Staff and people who live in the care home told us the home was consistently well managed on the ground.

Staff told us dynamics amongst the staff group were overall positive, staff were generally supportive to each other and flexible. Staff low morale was mentioned due to the impact of uncertainty regarding the future of Cummal Mooar, however staff did not feel this affected the care delivered to people living in the care home. Feedback demonstrated there was a strong sense of commitment from staff towards the residents.

There is an established staff structure within the care home which provides clear routes of delegation and responsibility. The acting manager told us meetings had recently been held to review existing lines of accountability with duty managers. Further meetings with the wider staff group in relation to this were planned for. In addition to this the acting manager had identified some streamlining which may be beneficial in relation to internal operational processes.

The acting manager told us they were well supported in their new role by peers and line management. Whilst the manager's direct line manager was currently absent from work supervision was being provided by a more senior manager in the interim.

The acting manager acknowledged it was early days in terms of their getting to know staff and residents although told inspectors they had been very impressed with the standard of care provided by staff since coming in to post.

Important features of leadership were described by the manager as role modelling and being visible.

## **How does the service continuously learn, improve, innovate and ensure sustainability**

The acting manager, duty managers and wider staff group were cooperative, open and honest throughout inspection.

All but one of the areas of improvement since the last inspection have been fully completed.

The care home conducts an annual survey asking people living in the service for their opinions and experiences on service provision to help drive improvements. It may be helpful to extend this to family members or significant others who told us they had not been asked to participate in formal surveys.

Email communication, staff meetings, duty managers meetings, care home managers meetings, and senior leadership meetings were used to share information and learning.

The provider has quality assurance and governance arrangements in place to monitor the quality of the service, identify and manage risks and drive improvements. It is the role of the acting manager to evaluate and collate this information from agreed sources and provide this to senior managers in a monthly report. We saw evidence of this during inspection and in the annual report.

The provider undertakes two quality audits per year. The most recent audit was viewed by inspectors and found to be very comprehensive.

Given the findings earlier in this report, it may be beneficial for the service to review some of the internal audit practices to ensure information held in people's files remains accurate and consistent, also that risks people face are being appropriately identified and plans are developed accordingly.

We also recommend the service ensures all admissions to the care home are compatible with the care homes statement of purpose and exclusion criteria, for example, in relation to the emergency admission which resulted in staff concerns and was referred to earlier in this report.

We found some of the providers policies were either not in date or did not reflect current organisational context such as Safeguarding Adults, Infection Prevention and Control, Nutritional Assessment policy. This is a provider improvement and out with the control of Cummal Moor.

### **Action we require the provider to take**

#### Key areas for improvement

- The service to strengthen internal audit practices to ensure inconsistencies in practice are highlighted to maintain people's safety and quality of care.  
[This improvement is required in line with Regulation 23 of the Care Services Regulations 2013 – Review of Quality of Care.](#)
- The service to take action to ensure all admissions to the care home are aligned to the statement of purpose and exclusions criteria.

This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.

- The provider to take action to review out of date policies and to ensure they also reflect the current organisational context.

This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.